



PTO/SB/22 (01-08)

Approved for use through 04/30/2008. OMB 0651-0031

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|   |  |  |
|---|--|--|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2008</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i> |  | Docket Number (Optional)<br>GS/080 CONT. |
| Application Number  | 10/033,532   | Filed October 16, 2001                   |
| For   | APPARATUS AND METHOD FOR PARENTAL CONTROL USING V-CHIP PLUS+ AND MASTER PASSWORD |  |
| Art Unit  | 2623   | Examiner A. Q. Shang                     |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

|  | Fee    | Small Entity Fee |             |
|--|--------|------------------|-------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))               | \$120  | \$60             | \$ _____    |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))              | \$460  | \$230            | \$ _____    |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525            | \$ 1,050.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))             | \$1640 | \$820            | \$ _____    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))             | \$2230 | \$1115           | \$ _____    |

- Applicant claims small entity status. See 37 CFR 1.27.
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 06-1075. I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

- I am the  applicant/inventor.  
 assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
 attorney or agent of record. Registration Number \_\_\_\_\_  
 attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34

L0381

Regina Sam \_\_\_\_\_ Date May 28, 2008  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Regina Sam \_\_\_\_\_ Telephone Number (617) 951-7814  
 Typed or printed name \_\_\_\_\_

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 5-28-08Signature: Mary Murphy (Mary Murphy)

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**ccOPY**

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| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form.</b><br><b>Provide credit card information and authorization on PTO-2038.</b>   |            |   |
| I am the <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br><input type="checkbox"/> attorney or agent of record. Registration Number _____<br><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 <u>L0381</u>   |            |   |
| <u>Regina Sam</u><br>Signature  |            | <u>May 28, 2008</u><br>Date               |
| <u>Regina Sam</u><br>Typed or printed name  |            | <u>(617) 951-7814</u><br>Telephone Number |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |            |   |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.  |            |   |

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Dated: 5-28-08

Signature: Mary Murphy (Mary Murphy)